DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-7 Part 3

FIROM MONYMEALTHPOSEPENNS & LVANIA 'ARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

June 2, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin EU 5850

F Unit, Pod

FROM:

Acting Superintendent's Assistant

85329 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the 1. ____ policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. DC-ADM 802-Administrative Custody Procedures. Other policies not applicable to DC-ADM 804. 2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. <u>X</u> The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. 7. The grievance exceeded the two (2) page limit. Description needs to be brief.

8. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until

11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

FILE CC:

DC-15

DC-\$04 Part 1

OFFICIAL INMATE GRIEVANCE

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85329

GRIEVANCE NUMBER

TO: FACILITY GRIEVANCE COORDINATOR	SCT-Greene June 1, 2004
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF MINAMED)
WERRICK Kankine EU5850	demich Cankine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: RHUFID 9
INSTRUCTIONS:	
1 Refer to the DC-ADM 804 for procedures on the inm 2. State your grievance in Block A in a brief and unders	tandable manner.
List in Block B any actions you may have taken to resmembers you have contacted.	solve this matter. Be sure to include the identity of stall
A. Provide a brief, clear statement of your grievance. A	
Since coming to SCI-	
ment have been and con	HINGE METOL
treatment and medication	3 When O received No Hent
ment or medication For	ST EXAMPLED WAS CHARGE
a Ela 7 lab Laben C Labe Nat	DEEN by the medical depart
ment even through I sent	A DICK CALL REQUEST, Informing
MEdical that I WAS Not be	FEG. Y LIAS NOT WEIGHT
Not given any new, medic	Ation: and Not treated on
any of the Above days, c	AETH LINE CHARGED PLEASE
	rset taking 1000Mg of Nincin
	Aryl 500 mg Martrin daily
	chtions were change eraud to
B. List actions taken and staff you have contacted, before	ore submitting this grievance.
D Zhlarmed Secretary	SEARY and Deputy Shaffer
of All the above on 031.	28104, and Dent Numerous
requests to the medic	al department bet nothing
WHE done O Hould like All	MEDICAL TEES PEMOVED
with the Surebistendent and	Ediffeld Personal Contenend
Your grievance has been received and will be processe	d in accordance with DC-ADM 804.
0:	
Signature of Facility Grievance Coordinator	Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85329

TO: Mr. Rankin, 50 5650

F Unit, D Pod

FROM: Louis S. Folino

Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85329. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85329

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	•
Grievance Appen	INSTRUCTIONS
	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more
# 85329	promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date:
Superintendent tolino	June Le 2004
3. By: (Print Inmate Name and Number)	4. Counşelor's Name
DERRICK KANKINE EUS850	Mr. Lvan
Daget & Kanakan	5. Unit Manager's Name
Somor ankino	Land Hall
Inmate Signature	7. Housing Assignment.
6. Work Assignment	7. Housing Assignment
	ISTUILD !
8. Subject: State your request completely but briefly. G	
Inhorievance was prenel and	
and pignature and June 1, 200	
The medica devance with	me: ontinues to charaed me flor medi
cutions and medical trent ment	When I received no medication
or treatment From the medical	
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DUNE AD WET	
	Ceps Helly
<i>O</i>	CYKER Canking
29. Response (This Section for Staff Response Only)	
Control of the second s	
	
To DC-14 CAR only 🗆	To DC-14 CAR and DC-15 IRS □
Staff Member Name	Date
Print Print	Sign Date

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-7 Part 3

FIRE ON MONAGEALTHROUGHENNIA BLVANIA 'ARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

OFFICE OF THE JPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	June 2, 2004	85330
SUBJECT:	Grievance Rejection Form	GRIEVANCE NUMBER
TO:	Mr. Rankin, F. D. Pod	
FROM:	Dan Davis Acting Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply vance System:	vith the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin	•
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inma	te Grievance Form.
3	The grievance does not indicate that you were personally affected by a De action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6.	Grievances must be legible and presented in a courteous manner.	

Grievances based upon different events shall be presented separately.

The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.

10. ____ You are currently under grievance restriction. You may not file any grievances until ___ Date

The grievance exceeded the two (2) page limit. Description needs to be brief.

11. ____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

7. _

FILE CC: DC-15

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

DC-804 Part 1

WITH SUPERINTENDENT TOIMS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

85330

OFFICIAL INMATE GRIEVANCE

FACILITY GRIEVANCE COORDINATOR EACILITY: ROM: (INMATĘ NAME & NUMBER) GNATURE of INMATE: HOUSING ASSIGNMENT:

INSTRUCTIONS:

- Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages, staff you have contacted, before submitting this grievance

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85330

TO: Mr. Rankin

F Unit, D Pod

olev Louis S. Folino FROM:

Superintendent

I am in receipt of your June 5, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85330. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85330

DC-15 EU-5850

Page 8 of 46

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
1	INSTRUCTIONS
GriEvance Appen	Complete items number 1-8. If you follow instructions in
485330	preparing your request, it can be responded to more
1, To: (Name and Title of Officer)	promptly and intelligently. 2. Date:
Screent Eding	Oune 5, 2004
3. By: (Print Inmate Name and Number),	4. Counselor's Name
DERRICK RANKINE EUS860	Mr. Ivan
1000	5. Unit Manager's Name
demik ankine	Contin Hall
Inmate Signature	7 Having Assignment
6. Work Assignment	7. Housing Assignment
	I NTW I IV
8. Subject: State your request completely but briefly. G	NOT OUNCUSSED THUS OFFICING
With me and thus a rievance i	CAX PATER ON MONEY 1-11th ma
COVIET NAME and SIGNATURE	in sample and state with the
1) have Nut received my indi	
as wet, and was only give	in 50 tuping, sheets and schrol
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pheets 100 carbon papers 51	MANUA ENERGY THE MOELUT
A MARIER CORUMBANINE, rep	lacement pens and access to
THE LAW LIBRARY.	201201111111111111111111111111111111111
	- () (pury)
C)C	em de Canterno
9. Response (amis Section for Stafficesponse Only)	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name /	Date

Print

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-7

FIGOMMONWEALTHOUTEPENNSKLVANIA MENT OF CORRECTIONS OFFICE OF THE JPERINTENDENT'S ASSISTANT

SCI-GREENE

DATE:	June 2, 2004	FOR OFFICIAL USE ONLY 85332 GRIEVANCE NUMBER	
SUBJECT:	Grievance Rejection Form		
то:	Mr. Rankin, Dend		
FROM:	Par Davis Acting Superintendent's Assistant		
	d grievance is being returned to you because you have failed to comply vance System:	with the provision(s) of DC-ADM 804,	
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:		
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Prod b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	cedures.	
2	Block B must be completed, as per the Instruction #3 of the Official Inma	ate Grievance Form.	
3 The grievance does not indicate that you were personally affected by a Department or facility action or policy.			
4	Group grievances are prohibited.		
5. <u>X</u>	The grievance was not signed and/or dated.		
6	Grievances must be legible and presented in a courteous manner.		

10. ____ You are currently under grievance restriction. You may not file any grievances until

The grievance exceeded the two (2) page limit. Description needs to be brief.

Grievances based upon different events shall be presented separately.

Date

Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The grievance was not submitted within fifteen (15) working days after the events upon which claims

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

are based.

DD:ack

FILE CC: DC-15 DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

85332

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
Sharon Deletto	SCI-WIFEENE	MAY 29, 2004
DERRICK RANKINE EU5850	SIGNATURE OF INMATE:	R
WORKASSIGNMENT:	HOUSING ASSIGNMENT:	rane
Bloodding relief requested wit	n RHII FID-9	
INSTRUCTIONS: PERMANENTSE PATATION F	om(10) & Andersin	Blinker Hendersen
1 Refer to the DC-ADM 804 for procedures on the int	nate grievance system 3110	Alfa Henry Bowlin
 State your grievance in Block A in a brief and under List in Block B any actions you may have taken to re 	esolve this matter. Be sure to	o include the identity of staff
members you have contacted.	Eì	ngelharut
A. Provide a brief, clear statement of your grievance.	Additional paper may be use	ed, maximum two pages.
In retaliation For Filing A	TAIL THM DALL 00	ainst 60 greens
and te Fusing to Withdraw my	LAWSUITS again	nst set Albion
and SCI-Somerset Superintendi	ent foling and c	Aptain HAILES
have Allowed and continues to	Allowed the Ab	xive individuals
to Abused ME From February	23,200H to-	the present time
Par example Cluence hardt 7	ald me call mu no	ed a buttet in usur
beat NO MOU NEED A COUPLE D	ullets in abour h	iead 100051211041
Max Elouisi. (10) Hoderson th	nuted an apple	IN MUCEIL doub
L. I CIN StreklES MOFED A MOP TO	I WIDE THIN APPI	E JUICE and pilities
List and control of the Hall	centrenied to KIII N	
1- chit- ()10 5 5 120 1016	C ICASACIN KITANA JANGO	TE HOME ON
ii i wak a Fimu indiaent and the	nadio eliton m	MCEILWINDOW WITH
my No pork sign and threatener	to Kill ME All A	ME Above individual
My No port sugaration in Employed	s for the vicinities and i	my life daily denier
MESURILES ShowETS and OCCE	ss to the ward re	le est
B List actions taken and staff you have contacted he	fore submitting this grievance	Δ .
UZNFORMED SECRETARY BEAR Above On 05/28/04/21 ZNFOR	d and Deputy SI	natter of All the
Above on 05128 1040 ZnFor	med Mr. Ivan on	105/24/04/and
CAPTAIN HAll ON 05/25/04 ar CAPTAIN HAll ON 05/25/04 ar ASEPATATION From All the Above allowed to Abused medaily of	idd have repeal	tedlu Asked Fut
ASEPATATION From All the Above	staff uet the	se individuals Ale
allowed to Abused med Aily. I	Alsoinformedi	t. Meichenan
05/28/014: WHEN WAS FOR CALL	o removed from	my cell haset
Dantogs Clustichies and hymnana	NEY (
Your grievance has been received and will be process	ed in accordance with DC-A	DM 804.
Signature of Facility Grievance Coordinator		Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85332

TO: Mr. Rankin, Ed. 5850

F Unit, D Pod

John FROM: ouis S. Folino

Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85332. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85332

DC-15 EU-5850

1		
Form DC-135A	Commonwealth of Pennsylvania	
INMATE'S REQUEST TO STAFF MEMBER Department of Corrections		
	INSTRUCTIONS	
Grievance Appen	Complete items number 1-8. If you follow instructions in	
E) MEVance hopen	preparing your request, it can be responded to more	
· # 85334	promptly and intelligently.	
To: (Name and Title of Officer),	2. Date:	
Superintendent rolling	Dane 4, 2004	
3. By: (Print Inmate Name and Number)	4. Counselor's Name	
DEBRICK KANKINE FUS 850	Int. Ivan	
Jonich Kankine	5. Unit Manager's Name	
Inmate Signature	Captain HALL	
6. Work Assignment	7. Housing Assignment,	
U. WORK Assignment	PHINTING	
O Ottical Otata and a secondary but being the	Nice details	
8. Subject: State your request completely but briefly.		
IND OPTEVONCE WAS SIGNED and		
Digniture and May 29 2004.	n me and the Ablides whinues.	
GIDCUSSED THUS OFFEVANCE WIT	CIÓSTICILES, HENRO and Engelhant	
denied me All Bupplies and	Leeves. Thus morning Stu Stickler	
CAME OVER THE MICHIPAURE	and threatened to kill me phosical	
and nexually abuned me the	11) WAS also JUNE UN JUNE Z	
20010 COTENSELANTE	ned about NEED A bullet in about	
her on 05/29/04" NOU 2100		
head for preaking rating	talling on Every body in 15/29/01	
	quest flor Antestive custody From	
CLOSTISKIES HENRY ENGELNAM	OF Schnab CUY, Blaker Henderson	
Anderson, Manberry, Bowen	and Stephen HE WELL Thounded	
an these continued thrents	as anou will DEE, Much staff	
Are traine to prevent mell	non documenting these threats	
0 - Best blue - a las Saulantos Velluses lons chis	ind Abundaba dengthome vent	
requests to staff, orievance	Es. Diel CAll stips Jash slips and	
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<u> </u>		
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	100/More amune	
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To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □	
	1.550 11 0/11/all 50 10 11/0 E	
Staff Member Name	Date	

DC-804 Case 1:04-cv-00100-SJM-SPB

Document 116-7

FILE COMMAN FALTH OF PENNS KLVANIA PARTMENT OF CORRECTIONS

OFFICE OF THE SPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

June 2, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin L. State

F-Unit, D Pod

FROM:

Dan Davis

Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 85335 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:

- a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
- b. DC-ADM 802-Administrative Custody Procedures.
- Other policies not applicable to DC-ADM 804.

2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.

- 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- 4. ___ Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- 6. ____ Grievances must be legible and presented in a courteous manner.
- 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
- Grievances based upon different events shall be presented separately.
- 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- 10. ____ You are currently under grievance restriction. You may not file any grievances until ______.

 Date

11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the

appropriate facility.

12. ____ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

cc: FILE

DC-15

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GR	IEVANCE
--------------------	---------

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: [DATE:
Shrinin Deletto	SCI-GHTINE !	MAy 29, 2004
	SIGNATURE OF INMATE:	
WORKASSIGNMENT:	HOUSING ASSIGNMENT:	ne
\$1000 YELLEF YEQUESTED, blus	DUI FINA	
INSTRUCTIONS: SEIGHVALO IN ELIMA BLAV	PY Nu I Fixed in 1 Irin	TEIERIN AN NI ME
INSTRUCTIONS: SEPHIMION From BIAM 1 Refer to the DC-ADM 804 for procedures on the inma	te grievance system.	aersen and onlyies.
State your grievance in Block A in a brief and understance.	andable manner.	
List in Block B any actions you may have taken to reso members you have contacted.	oive this matter. Be sure to in	iclude the identity of staff
A. Provide a brief, clear statement of your grievance. Ad	ditional paper may be used,	maximum two pages.
Zn NE taliation For Filing	a cital lawsui	t against RCT
OVECUE ALL ING	1 CIVII 111W 11	1 99111151CO()
Greene, Albion and Somerse	4 CIO BIAKER, H	endersen cog
Schnap, Anderson and Stie	KlEs: in collab	aration with
SALIBOUR ONG LATE VIELDIN	EN MI AL-MI	, , l
Consent For Example And	>11 091119 MEM	Without my
Consent For Example On C Aletter with two cash alipa	1281014700H1	IECIU SCHTTAP
Aletter with two cash olipon	I have not recei	ved this cash
Slip receipt as wet and on os With two EAsh slips and I have	11610HO GAVECIO	J Cag A lefter
With two EASh Slips and I have CEIPT as wet to Jude Router	e Not received h	My CASh DILP TE
and truth Christian magazine ascueta have filed approxima	and Certifichts	For MAY 2010
as weto have tiled approxim	Ately 12 grieva	INCES CIND HOVE
as yet I have filed Approxim Miscondad Appeals and I have the secondad Appeals and I have	received no re	Spunse to
The SE GriEV an CES Crimis cando	it as yet.	19(15)/3
B. List actions taken and staff you have contacted, befor	e submitting this grievance.	
OZNFORMED SECVETARY BE	and Shaffer	and Captain
HALL AF THE ADOVE and File	Ed Numerous	axiellances
in by talination of when denie	I all man like in	STIEV QITCES
III I E I MIN I ION O M NO A E ME	a hij my ain ne	ers I rum May
HAll of the Above and file in retaliation of was denie 17 to May 21, 2004 by Cl	O BINKEL BOI	Ulin, Promand
Hendersen and GADZAOCS	LI aloomý T-sh	irt, Boxers and
Your grievance has been received and will be processed	in accordance with DC-ADM	1 804.

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85335

TO: Mr. Rankin, EU 5850

F Unit, D Pod

FROM: Louis S. Folino

Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85335. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85335

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
1 01111 00-1007	Department of Corrections
INMATE'S REQUEST TO STAFF MEMBER	Dopartificiti di dollectione
A Same	INSTRUCTIONS
Grievance Appenl # 85335	Complete items number 1-8. If you follow instructions in
1 × × × × × × × × × × × × × × × × × × ×	preparing your request, it can be responded to more
	promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Superintendent rolling	Jane 4, 2004
3. By: (Print Inmate Name and Number)	4. Counselor's Name
DERRICK Kanking EUS850	Mr-Ivan
Jomesk Kankine	5. Unit Manager's Name
	Clautiain Hall
Inmate Signature 6. Work Assignment	7. Housing Assignment
6. Work Assignment	7. Housing Assignment 1
	RIU IIP I
8. Subject: State your request completely but briefly. Gi	
This griEvence was signed and	
CULTECT NAME and SIGNATURE.	
discussed this griEvance with	
COBINKEY TSYMIN, HENDERS	en Anderson and Stickles contin
TO DIEMMAND MAILS.	- Alluft
	and the kind
100	marine
9. Response (This Section for Staff Response Only)	
	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name /	Date

DC-804 Case 1:04-cv-00100-SJM-SPB Document 116-7 FileCOM/12/NWEALTH OFFENNSYLVANIA Part 3

DD:ack

cc:

FILE

DC-15

PARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:	June 2, 2004	85339	
SUBJECT:	Grievance Rejection Form	GRIEVANCE NUMBER	
TO:	•		
10.	Mr. Ranking Community of the Community o		
FROM:	Dan Davis Acting Superintendent's Assistant		
	d grievance is being returned to you because you have failed to comply w vance System:	vith the provision(s) of DC-ADM 804,	
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordin		
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.	
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.		
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.		
4	Group grievances are prohibited.		
5. <u>X</u>	The grievance was not signed and/or dated.		
6	Grievances must be legible and presented in a courteous manner.		
7	The grievance exceeded the two (2) page limit. Description needs to be brief.		
8	Grievances based upon different events shall be presented separately.		
9	The grievance was not submitted within fifteen (15) working days a are based.	after the events upon which claims	
10	You are currently under grievance restriction. You may not file any grievan	nces until Date	
11,	Grievance involves matter(s) that occurred at another facility and should appropriate facility.	uld be directed by the inmate to the	
12	The issue(s) presented on the attached grievance has been reviewed and	addressed previously.	
Additional C	Comments:		

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

FOR OFFICIAL USE ONLY 85339

	CAMP HILL, PA 17001-0598	GRIEVANCE NUMBER
OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	SCI-UIE	ENE JUNE 1, 2004
AROM: (INMATE NAME & NUMBER) JERRICK RANNINE E	U5850 SIGNATURE OF	Rankine
WORKASSIGNMENT:	HOUSING ASSIGN	D 4.
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for process		
State your grievance in Block A in a List in Block B any actions you may members you have contacted.	have taken to resolve this matter.	Be sure to include the identity of staff
A. Provide a brief, clear statement of your Thursday May	27,2004,C	OBIAKER BOWLIN
anderson, and HE	ndersen took	away All my laundry
that I sent to be	Washed and re	Ellused to returne
them to me-d an		
three (3X) T-Shirt	11 CASE OF LIAS	stald by the about
STAFF MEMBERS	so this shit will	continue untilud
do the right thing	9 Nigger agou	piece of shit!
tersonal contex	ENCE WITH THE	Superintendent
and PRC request	red.	•
B. List actions taken and staff you have	e contacted, before submitting thi	Sgrievance. Shaffenn
05/28/04/ Lt MEIG	hen and Sot Sar	tous an 05/28/06/
05 29 04, 05 301	34 and 05131101	t to ro avail zn
	s Farcably stripp	
Your grievance has been received and	siaker and Hende	rsen on 05/27/04

Signature of Facility Grievance Coordinator

Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 17, 2004

SUBJECT: Appeal of Rejected Grievance 85339

TO: Mr. Rankin, EU-5850

F Unit, D, Pod

FROM: Louis S. Folino

Superintendent

- D - Co

I am in receipt of your June 16, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85339. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Also, please note it is your responsibility to maintain copies of appeals submitted to this office.

Your instant appeal is denied.

LSF:djk

CC: Deputies

CSA Grievance File at 85339

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Orrievance Appeal	INSTRUCTIONS
TO TE	Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more
# 85339	promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Superintendent Folino	June 16, 2004
By: (Print Inmate Name and Number)	4. Counselor's Name
DERRICK RAMRINE EUS 850	Mr- Tvan
denick Kankins	5. Unit Manager's Name
Inmate Signature	Captain Hall
6. Work Assignment	7. Housing Assignment
\$13014 AU VELIET REQUESTED	KHU TIVI-
8. Subject: State your request completely but briefly. G	ive details.
on Thursday 3121104 CIO ISTRINE	er sowlin Anjerson Hendersen
and Stickles took flwgu, fill my and reduced to returned them	I was A sugar in NECT ATE ON IN LOVE
3 (3X I—Shirts): Luilow: Now (all received a pair of RHI Anse
on OGISIONS TWO DIEETS ON	06/12/04 two towels on ochlar
Also U need A 3X Thermal und	EVWEAY top and A 2xthermal
underwear bottom with two	WASh MAGS.
Ihm OriEvance WAS DIGNED	with my correct name and after
Car regions of the gitte varice	OFFICER WINDING INF ONEVO
CE OFFICE FAID NOT A IS CUSSED	of the arterine Albineal
Superintendent Foling Mara	Flevance Numbers 85332.85
329, 85335, 85330, 853HG	and 85346. HAD MOUN STAFFGAN
ME THE NECESSAYY SUPPLIES OF	fould dend A DEPARTE request?
	and the second s
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Staff Member Name / _	Date
Dist	

FOR OFFICIAL USE ONLY

85342 **GRIEVANCE NUMBER**

OFFICE OF THE JPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

June 2, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin

F Unit, D Pod

FROM:

Dan Davis Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	The issue(s) presented on the attached grievance has been reviewed and addressed previously.

DD:ack

CC:

FILE DC-15

Additional Comments:

Case 1:04-cv-00100-SJM-SPB Document 116-7 Filed 01/12/2007 Page 22 of 46

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

Date

OFFICIAL INMATE GRIEVANCE

TO: FACILITY CRIEVANCE COORDINATOR	FACILITY:
Shanin Ulletto	SCI-Greene June 1, 2004
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INHOSTE:
WERRICH KANKINE EUD ADO	comek Cankine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: DILL FIN A
JOOOI GAY TEVEL TEQUESTE	WITH KHAI (P)
INSTRUCTIONS: DEPARTION FRANCIS	Anderson, Henry, Engelhardted
1 Refer to the DC-ADM 804 for procedures on the inm 2. State your grievance in Block A in a brief and understanding the state of the procedures of the inm 2. State your grievance in Block A in a brief and understanding the procedure of the pro	standable manner. BINIET HEILETSEN
State your grievance in block A in a brief and dides List in Block B any actions you may have taken to re	tandable manner.
members you have contacted. Stick E.3	COU, SCHNAP,
A. Provide a brief, clear statement of your grievance.	Additional paper may be used, maximum two pages.
The retaliation For Intak	ming Secretary Beard of
THE ABUSES THAT WI TAKIN	ng place in the RHU and re
fluence to Withdraw my RAW	(C) its Clas Fingelland and
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Anderson continues to t	nyentened my light and (10)
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6 = 8hith On 05/29/04 (10)	Engalhant said to the whole
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In your head you biteh!	An as 1311 of Muile going to
THE Shower GLO HUGERSON DO	int his finger at me and Dald
B. List actions taken and staff you have contacted, bef	pre submitting this grievance
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Den of the state o	729/01 01/05/01/01/01/01/01/01/01/01/01/01/01/01/01/
Above on 05/28/04 and 0	>121104 and 0>121104 (NEI)
Nothing WAS done O Filed T	or an emergency restraining
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DIGET GOTHINST OF PHINE TO NOT	and I have a second
	and Hendersen. Jalop pent A
	1HAH and Gaernor Kendell.
Your grievance has been received and will be process	ed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

FOR OFFICIAL USE ONLY

OFFICE OF THE JUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

June 2, 2004

SUBJECT:

TO:

Mr. Rankin

F Unit, D Pod

FROM:

Acting Superintendent's Assistant

85346 **GRIEVANCE NUMBER** Grievance Rejection Form

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. a. b. DC-ADM 802-Administrative Custody Procedures. Other policies not applicable to DC-ADM 804. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 2. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. <u>X</u> The grievance was not signed and/or dated. Grievances must be legible and presented in a courteous manner. 7. The grievance exceeded the two (2) page limit. Description needs to be brief. Grievances based upon different events shall be presented separately. The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. You are currently under grievance restriction. You may not file any grievances until 10. Date

Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:ack

FILE cc:

DC-15

Case 1:04-cv-00100-SJM-SPB Document 116-7 Filed 01/12/2007 Page

Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598 7 Page 24 of 46
FOR OFFICIAL USE ONLY

85346

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	EACILITY:	DATE:	
Sharon DELEtto	SCI-Ureene	June 1, 2004	
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	0	
UERRICK RANKINE EUS880	demick Can	kine'	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:		
\$ 100 day relief requested	DAN LIDT	C > (+ C - 0) 0 0 0	
INSTRUCTIONS: PERMANENT SE PARTITION	ate crievance system Emra	SINAPIF BUWEN	
 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 	tandable manner. And Ers	sh Binker Heidersen	
 List in Block B any actions you may have taken to res 	solve this matter. Be sure to	include the identity of staff	
members you have contacted Stick Es Ma	nderry and 1299s	enwinder	
A. Provide a brief, clear statement of your grievance. A			
Since January 20,2004			
to be denied access to	the yard and	LAW LIBEATS	
Without provocation or Just	i Fication		
FOR EXAMPLE CLOHENRY OF	of COU hove	enited me access	
to the yan From April 27,	300 to the	INFESENT TIME	
TO THE GAIN FORM HELLIZITY	2004 10 111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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and was religy to so to the	upped with my	CEN lighton	
daily From FEBUARS 18, 2001	4 1 have bee	n denied access	
to the LAW LIBRARY to H	AC LICE ENT +	ime EVEN AFTER	
TO INE ZINO ZIO INO IO IN	The President	NOTE OF THE PERSON OF THE PERS	
S DENTA rEquest on AdA	119 (WEEKLY K	0H313)	
Personal confere	- MC - 1 (Hh 1	1-0	
I FLEDVIN COME	=nc= Willia	THE SUPERIMENT	E
and PRC requested.		' '	
B. List actions taken and staff you have contacted, before	ore submitting this grievance	:0 (A)	
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Riotain and Mr. Turns		A - VENERALE	
Subjust and the Tran Ho	ut the Hoove	OZMI OF MIEU	
DECRETMY BEARD and De	= puty Shaffer	of the Above	
100 05/28704 Just Clothe	hru denied mi	= ACCESS to 1.	
HOELIAN ON JUNE 1, 2004 19	= UFormEl Rat	Janner Who MAIL	
Ediniare A wain in my 455	2 puking shutur		
Your grievance has been received and will be processe	d in accordance with DC-AL	OM 804.	
Signature of Eacility Grievance Coordinator		Date	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 7, 2004

SUBJECT: Appeal of Rejected Grievance 85346

TO:

Mr. Rankin, Ed. 3850

F Unit, D Pod

FROM:

Louis S. Folino

Superintendent

I am in receipt of your June 4, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 85346. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 2, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC:

Deputies

CSA Grievance File at 85346

DC-15 EU-5850

Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Grievance Appenl #85346	INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1 To: (Name and Title of Officer)	2. Date: DUNE H. ZJUH
3. By: (Print Inmate Name and Number) DERRICK Rankine EU586) Jenuck ankine	4. Counselor's Name 5. Unit Manager's Name AND HIM HAI
6. Work Assignment	7. Housing Assignment
ME and thus griEvance WASS	disquested, this OVEVANCE WITH
To DC-14 CAR only □ Staff Member Name /	To DC-14 CAR and DC-15 IRS
Print Print	Date

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS SCI GREENE OFFICE OF THE SUPERINTENDENT 724-852-2902 June 17, 2004

SUBJECT: Appeal of Rejected Grievance 86180

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

Louis S. Folino Superintendent

I am in receipt of your June 16, 2004 appeal of the Grievance Coordinator's rejection of Grievance number 86180. I have reviewed your grievance packet and the Grievance Coordinator's rationale for rejecting your grievance, dated June 9, 2004.

Insofar as your name of commitment is Derrick Rankin, please use that name on all correspondence with the Department of Corrections.

Your instant appeal is denied.

LSF:djk

CC:

Deputies

CSA Grievance File at 86180

DC-15 EU-5850

	<u></u>
Form DC-135A	Commonwealth of Pennsylvania
INMATE'S REQUEST TO STAFF MEMBER	Department of Corrections
Grievance Appen	INSTRUCTIONS
DY EVANCE HAY EN	Complete items number 1-8. If you follow instructions in
#8627786180	preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer)	2. Date:
Suberintendent Folino	June 16, 200 H
3. By: (Print Inmate Name and Number)	4. Counselor's Name
DERRICK KANKINE HIS 850	Mr. Lvan
Donick Kankine	5. Unit Manager's Name
Inmate Signature	CaptainItall
6. Work Assignment	7. Housing Assignment
250 olday relief requested.	PHI FINA
	Vivo details
8. Subject: State your request completely but briefly. G	
Read Items From my trays	t in my coffee and removing
NASTU and discussing behavior	MAVE BEEN PRING UN DINCE ON 30
OL	THINK DE ETT POINTS OF THE SHOP
THE OMEVANCE OFFICER did	Not discussed thin grievand
with me per DOC pelicus	This arrievance was signed and
after with my correct NAME	
Personal Contenence rea	quested,
	Doepertium
	JOHNS Cankins
	Distriction of the second of t
	
To DC-14 CAR only □	To DC-14 CAR and DC-15 IRS □
Ctoff Mambar Nama	5 .
Staff Member Name //	Date

Case 1:04-cv-00100-SJM-SPB Document 116-7

Filed 01/12/2007 Page 29 of 46 COM. JWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY 86181

GRIEVANCE NUMBER

OFFICE OF THE SUPERINTENDENT'S ASSISTANT

SCI-GREENE

DATE:

DC-804

Part 3

June 9, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin EU 5850

F Unit, D Pod

FROM:

Dan Davis

Acting Superintendent's Assistant

TI G

ne attach Grievance	ed gnevance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 604, inmate System:
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Additiona	Comments:

DD:tls

CC:

FILE DC-15 DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY	
GRIEVANCE NUMBER	

OFFICIAL INMATE GRIEVANCE

	TO: FACILITY GRIEVANCE COORDINATOR	EACILITY:	DATE:
	Sharun Neletto	SCI-LIFEENE	June 6, 2004
1	FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	0
ľ	LOERRICK KANKINE LUS850	demick Sax	kune
	WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
		KHU MUY	
	INSTRUCTIONS:		
	 Refer to the DC-ADM 804 for procedures on the inm State your grievance in Block A in a brief and unders 		
	3. List in Block B any actions you may have taken to res	solve this matter. Be sure to	include the identity of staff
	members you have contacted.		
	A. Provide a brief, clear statement of your grievance. A	additional paper may be used	d, maximum two pages.
	On June 2, 2004 and June	He 2004, CIO	Stickles CAME
k	OVER THE Microphone and CV	alled me "A pie	KEUT Nigger Shit
U	A Fucking piece of Nigger Shi	it and told m	E GO MON ATE
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(going, to be physicially and	DEXUNITY 115M	sta, and thremento
ŀ	to Kill ME over and overid.	ZMMEDIATELY	informed Sot.
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I	NA: - In the ANE and in the Land	inting (1)	Llaune I Clarke
	Microphone and in retali	ATION COS	CHAMP WHOLE
•	"Homo" on the No pork s	1911 and Inbr	EM on the
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	PERSON A CONFERENCE		
	COMERCIA	VVIIVI I I/ COIN	
	KEGHESTEdi		
	B. List actions taken and staff you have contacted, before	ore submitting this grievance).
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	mutain Hall and the Co		
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	and Inbrend and tall me	66 H Hoink	12. 12/0 Dativate late
1	SHICKIES ON CH	alle inc a pr	TO THE INTITIONIE
	THE PORT OF STREET	THE ALL THE	12/11/01/10/10
L	Your grievance has been received and will be processe	ed in accordance with DC-AF	
	and the process		
-			
	Signature of Facility Grievance Coordinator		Date

Case 1:04-cv-00100-SJM-SPB

Document 116-7

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DC-804 Part 3

JWEALTH OF PENNSYLVANIA COM. DEPARTMENT OF CORRECTIONS OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

86180

FOR OFFICIAL USE ONLY June 9, 2004 DATE: **GRIEVANCE NUMBER**

SUBJECT: Grievance Rejection Form

Mr. Rankin, 20, 3850 TO:

F Unit. D Pod

FROM: Dan Davis

Acting Superintendent's Assistant

Fhe attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inma	ate
Grievance System:	

- Gnevances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures.
- DC-ADM 802-Administrative Custody Procedures. b.
- Other policies not applicable to DC-ADM 804.

2 B	lock B must be comp	oleted, as per the	Instruction #3 of the	Official Inmate	Grievance Form.
-----	---------------------	--------------------	-----------------------	-----------------	-----------------

- The grievance does not indicate that you were personally affected by a Department or facility 3. action or policy.
- Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- Grievances must be legible and presented in a courteous manner.
- 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
- Grievances based upon different events shall be presented separately.
- The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- You are currently under grievance restriction. You may not file any grievances until Date

Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments:

DD:tls

FILE CC: DC-15 OFFICIAL INMATE GRIEVANCE

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY **GRIEVANCE NUMBER**

TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: A	DATE:
Shakon DEletto	SCI-breene	()une 6, 2004
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	0
DERRICK KANKING EU585	domin C	antine
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	4
	KHU I W	!
INSTRUCTIONS: 1 Refer to the DC-ADM 804 for procedures on the inm	nate grievance system.	
2. State your grievance in Block A in a brief and unders	standable manner.	
List in Block B any actions you may have taken to re members you have contacted.	solve this matter. Be sure to	include the identity of staff
A. Provide a brief, clear statement of your grievance.	Additional paper may be use	d maximum two pages
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30, 2004, For EXAMPLE	(UN June 5)	and 6, 2004
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That he should which Ri	lu staffainc	E they Alesaltin
Zh the cups and this pro		KE REQUESTED
B. List actions taken and staff you have contacted, before	ore submitting this grievance	9.
	ills and refu	
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Unargin Win the Lits	011 70 80	THOWELD ON ,
both a Ags O Filed Num	enus grieva	inces and requests
to PRC CARTAINHALL HOE	Superintende	ent ORR and
A = n Form Ed. Se vetation	Rent and	Chata ShatzPot
UN OST 28 STUET THE AR	JEEN CONTR	UES OTHER TEL
Your grievance has been received and will be processed	ed in accordance with DC-Al	DM 804.
Signature of Facility Grievance Coordinator		Date

FOR OFFICIAL USE ONLY

86277 **GRIEVANCE NUMBER**

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

June 10, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, Ed. 5250

F Unit, D Pod

FROM:

Dan Davis

Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1.		Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2.		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3.		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4.		Group grievances are prohibited.
5.	<u>x</u>	The grievance was not signed and/or dated.
6.		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9.		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10.		You are currently under grievance restriction. You may not file any grievances until Date
11.		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.

DD:tls

cc:

FILE

DC-15

Additional Comments:

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY 86277
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

OTTICIAL INMALE GIGLEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY:	DATE: JUNE 9 2006
Sharon DELEHO PROM: (INMATE NAME & NUMBER)	SIGNATURE OF LANDATE:	0
Jenick Kanking EUS 850	HOUSING ASSIGNMENT:	kine/
WORKASSIGNMENT: RELIEF REQUESTED	RHUFTH 9:	
INSTRUCTIONS: COSTUMES COY		150 Old Ay
 Refer to the DC-ADM 804 for procedures on the inn State your grievance in Block A in a brief and under 		
List in Block B any actions you may have taken to re members you have contacted.	solve this matter. Be sure to	include the identity of staff
A. Provide a brief, clear statement of your grievance.		
On June & 2004 (10 B	owlin re/lus	EN TO GAVE ME
My laundry Zn ME taliAt	ion for retu	oing to Withdraw
my civil law suits agains	tSCI- Ureene	esutaffat
present dam zn meed o	F3(1x) boxer	3) 3(HX T-shirts)
2 Dheets, 2 to WELS, Apill	ow, It pillow,	CASE; and A
PAIR OF CONDES RHU PIN an		
about the Above Fetaliato	11 2 2 1 1 1 1 1	
and Stickles also threa		
my tood deny me ward	and Dhowers	With Alloupplie
and to put me on orie	vance, restri	Hon In Frunt
of the whole pod; which s	aused Znma	te Hughes
to Embarrasseland A	lumilibited m	E yesterday
and today (Personal Cor	FERENCE KEGI	UESTEU!
B. List actions taken and staff you have contacted, bef		, i
DZnFormed Sat Santay	o of whe q	200H/DENTA
reguest to Superintend	Ent Fooling	and PRC plus
	incy buttor	I OVER 1,00 times
Viesteracy and to any an	asked to or	EE CAPTAINHAIL
to ro avail semite	(·
Your grievance has been received and will be process	ed in accordance with DC-Al	DM 804.
Signature of Facility Grievance Coordinator		Date

DC-804 Part 3 Case 1:04-cv-00100-SJM-SPB

Document 116-7

FILED UT/12 ARTMENT OF CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

June 15, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin EU-5856

F Unit, D Pod

FROM:

Dan Davis

Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 86651 GRIEVANCE NUMBER

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System: Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator: DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures DC-ADM 802-Administrative Custody Procedures other policies not applicable to DC-ADM 804. 2. Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form. 3. The grievance does not indicate that you were personally affected by a Department or facility action or policy. Group grievances are prohibited. 5. X The grievance was not signed and/or dated. 6. ____ Grievances must be legible and presented in a courteous manner. 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief. 8. ___ Grievances based upon different events shall be presented separately. 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based. 10. You are currently under grievance restriction. You may not file any grievances until 11. Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.

12. ___ The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOTUSE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your name of commitment on all correspondence with Department of Corrections.

DD/ack

CC:

FILE

DC-15

Filed 01/12/2007 Page 36 of 46 FOR OFFICIAL USE ONLY Case 1:04-cv-00100-SJM-SPB Document 116-7

Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

86651 GRIEVANCE NUMBER

OFFICIAL	INMATE	GRIEVANCE
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TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: GYEENE	DATE: JUNE 12, 2004
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE	0
WORKASSIGNMENT,	HOUSING ASSIGNMENT:	nkiné
INSTRUCTIONS:	KHU MU9	
Refer to the DC-ADM 804 for procedures on the State your grievance in Block A in a brief and uncertainty.		
 List in Block B any actions you may have taken to members you have contacted. 		o include the identity of staff
A. Provide a brief, clear statement of your grievance		
Greene Sof Tanner deni	el me ma lunc	n tray after
Clo Henry Opilled CLEAN	no liquid Zn	Fronto F my
CEll door during CEll Cl	ean downs at	my cellable
With my CEll Lights on	and Chateny	11 Jack - 145
that the liquid Inti	ante Unique	FIDIO WAS
allowed to Raighted At	me and other	CHMATES WAS
Enil by Sat Tonner H	nat he sotila	nner u placing
MEAN A MUNOMET ST	rike vermani	ening of with 12
Lither AW MULANSUITS,	and All My 9	1 EVENICES (O
WILL NEVER WITHDRAW MY L	awsult or ar	Mar win
B. List actions taken and staff you have contacted,		
Uasked to openk to t Hall and thus was denied	THE KAN LEUTE	an and door
and sink until Was told	d to spot by	C/V. HENry. J
	nce and zn B	m Ed NursE
Joann and Clo Johns	ONr	
Your grievance has been received and will be proce	essed in accordance with DC-A	DM 804.
Signature of Facility Grievance Coordinator		Date

Part 3 Case 1:04-cv-00100-SJM-SPB

Document 116-7

Filed 01/12/2/2017 MENTEGER 37/07/18/CTIONS

OFFICE OF THE JPERINTENDENT'S ASSISTANT

SCI-GREENE

DATE:

June 15, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, Estate

F Unit, D Pod

FROM:

Dan Davis
Acting Superintendent's Assistant

86653 GRIEVANCE NUMBER

FOR OFFICIAL USE ONLY

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

- 1. ____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
- 2. ____ Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
- 3. ____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
- 4. ____ Group grievances are prohibited.
- 5. X The grievance was not signed and/or dated.
- 6. ____ Grievances must be legible and presented in a courteous manner.
- 7. ____ The grievance exceeded the two (2) page limit. Description needs to be brief.
- 8. Grievances based upon different events shall be presented separately.
- 9. ____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
- 10. You are currently under grievance restriction. You may not file any grievances until
- 11. ___ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
- 12. The issue(s) presented on the attached grievance has been reviewed and addressed previously.

Additional Comments: If this grievance issue is still of concern to you, please correct the deficiencies noted above and resubmit the grievance form using the grievance number provided on the grievance form. Please resubmit the corrected grievance form within five (5) working days. DO NOTUSE THE GRIEVANCE NUMBER PROVIDED FOR ANY OTHER ISSUE. You must use your commitment name on all correspondence with DOC.

DD/ack

CC: FILE

DC-15

Filed 01/12/2007 Case 1:04-cv-00100-SJM-SPB Document 116-7 Page 38 of 46

DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS**

P.O. BOX 598 CAMP HILL, PA 17001-0598 FOR OFFICIAL USE ONLY

Q6653 GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE		
TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: OF GENE	DATE: (72, 200)
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	0

- Refer to the DC-ADM 804 for procedures on the inmate grievance system.
- 2. State your grievance in Block A in a brief and understandable manner.
- 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

actions taken and staff you have contacted before submitting this grievance.	20/01
actions taken and staff you have contacted, before submitting this grievance. NEW SECVETAY BEAY and DEPUTY SHAFTEY ON SE	78101
nformed Secretary Beard and Deputy Still to Now. Informed Set Santoyo Every eince May 27 to Now. Informed It Meighen on 05/28/04 and 05/29/04.	
E - 117 MEIGHEN ON 05/28/04 ON 05/29/04	
Transfer the second of the order	
nformed lt Johnson on Obliotok and Oblillott	
- who request to Mr. Price 0103120104961	
and the plants of the party of	
ant A request to Mr. Price on 05/28/04 UET anotil Without the Above clothings.	

Signature of Facility Grievance Coordinator

Date

Case 1:04-cv-00100-SJM-SPB

Document 116-7

File OMMONWEALTH OF PENNSYLVANIA PARTMENT OF CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

June 21, 2004 DATE: Grievance Rejection Form SUBJECT:

FOR OFFICIAL USE ONLY 87215 **GRIEVANCE NUMBER**

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

TO:

Dan Davie

	Acting Superintendent's Assistant
	ed grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, evance System:
1	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	Group grievances are prohibited.
5. <u>X</u>	The grievance was not signed and/or dated.
6	Grievances must be legible and presented in a courteous manner.
7	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	Grievances based upon different events shall be presented separately.
9	The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10	You are currently under grievance restriction. You may not file any grievances until Date
11	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Additional (Commante

Additional Comments:

DD:tls

cc: FILE

DC-15

, DC-804 Part 1

COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF CORRECTIONS** P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY GRIEVANCE NUMBER

O	FF	ICI.	ΑL	INMATE	GRIEVANCE
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OFFICIAL INMATE GRIEVANCE	
TO: FACILITY GRIEVANCE COORDINATOR	EACILITY: ONTERING 6/2004
PROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMANE:
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:
85000 day relief requested.	RHU FAD9 OLIVI-
INSTRUCTIONS SEPAPHTION FROM CIO	inmate grievance system.
2. State your grievance in Block A in a brief and und	
members you have contacted.	
	Additional paper may be used, maximum two pages.
but phila Affan ar rustilich	ition. In retaliation becaused_
refluxed to withdraw my En	Wsuit against SCI- QUEENES ATAFT
CATHEEVENING AUTHOR MEALTH	tion line and beforedinner asked
and they reflued,	CO Stilles and Ramberger
During dinner I again ashed	My dinner and they again reflued.
EN NOME WHIT TO FIT WITH	CHILLES AN I SUMBHOEF
GHTTAG COLLECTION O GOATHER TE	LIWED OF THEN ASKED TO SPENIS
for some with the pressed the	E EMERGENCY button repetitedly
TO THE WORLD TO rETURNED IN	ny trau until It MEIGHEN CHIME
to my CEIL Alla Ay O WAS T	orced to drink tiolet where
On Standay och Triply	OG118104 Clothompson turn
B. List actions taken and staff you have contacted, i	ch caused me to Vomitand winnited
O repentedly and contineous	SUPTESSED THE EMETOENCY button
all day to no AVAILU asked C	10003 JOST CITES HELD BOMB
Erger and at the factor of	(Atera) then arink water From the
tionet because I stalted w	rinAting blood of WAS then put
on m Leakwhich thill Not	receive and have Not received
SINCE Triday OF 1810 H. DOEN	TASICA CAN request to MEdical.
Your grievance has been received and will be proce	SSEC III ACCUIDANCE WILLI DUMADIVI 604.
Signature of Facility Grievance Coordinator	Date

Case 1:04-cv-00100-SJM-SPB

Document 116-7

116-7 FINON MEALTHRONG ENNISES VANIA
PARTMENT OF CORRECTIONS
OFFICE OF THE SUPERINTENDENT'S ASSISTANT
SCI-GREENE

FOR OFFICIAL USE ONLY

DATE:	June 21, 2004	87216
SUBJECT: Grievance Rejection Form		GRIEVANCE NUMBER
то:	Mr. Rankin, EU-5850 F Unit, D Pod	
FROM:	Dan Davis Acting Superintendent's Assistant	
	d grievance is being returned to you because you have failed to comply wance System:	with the provision(s) of DC-ADM 804,
1	Grievances related to the following issues shall be handled according to policies listed and shall not be reviewed by the Facility Grievance Coordinates.	
	 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Proc b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804. 	edures.
2	Block B must be completed, as per the Instruction #3 of the Official Inma	te Grievance Form.
3	The grievance does not indicate that you were personally affected by a D action or policy.	epartment or facility
4	Group grievances are prohibited.	
5. <u>X</u>	The grievance was not signed and/or dated.	
6	Grievances must be legible and presented in a courteous manner.	
7	The grievance exceeded the two (2) page limit. Description needs to be	brief.
8	Grievances based upon different events shall be presented separately.	
	The grievance was not submitted within fifteen (15) working days a are based.	after the events upon which claims
10	You are currently under grievance restriction. You may not file any grieva	nces until Date
	Grievance involves matter(s) that occurred at another facility and show appropriate facility.	uld be directed by the inmate to the
12. <u>X</u>	The issue(s) presented on the attached grievance has been reviewe	d and addressed previously.
Additional C	omments: Refer to grievance number 87215.	
DD:tls		
cc: FIL	E -15	

Case 1:04-cv-00100-SJM-SPB

Document 116-7

Filed 01/12/2007

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598 CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY
87216
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE TO: FACILITY GRIEVANCE, COORDINATOR OM: (INMATE NAME INSTRUCTIONS Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

B. List actions taken and staff you have contacted, before submitting this grievance.
B. List actions taken and staff you have contacted, before submitting this grievance. Henry Sof Tanker Oinformed Night-shift (10)s: COCOY, Clothenry Sof Tanker Sof Greaco and LLMEIGHEN and Nothins WAS done of them Soft on my wink Alld Ay and Night and Parmed Closticker.
O TO THE OF METERS ON NUTRING LUNG ONE OTHER
Sof Williams Albander of the Control
LEAT IN MU DINK All and Night and 201 or MEI COSTEKIE
the Hart Transact I along the inmedia
HNDERSON, 1301716419E1 11111 ZITTIME 119911ES 1119111E1
Anderson Bombeiger that Znmate Hughes and the inmates and 22 cells were Flooding my cell they lauster Southern block but my
to then block out mu
So Theat on the sink some Mover ell sorboth many
The state of the s
Your grievance has been received and will be processed in accordance with DC-ADM 804. THIS WHITE FLUM

Signature of Facility Grievance Coordinator

Date

Filed 01/12/2007 FILED OF PENNSYLVANIA CORRECTIONS

OFFICE OF THE SUPERINTENDENT'S ASSISTANT **SCI-GREENE**

DATE:

June 21, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit_D Pod

FROM:

DC-15

Dan Davis

Acting Superintendent's Assistant

FOR OFFICIAL USE ONLY 87218 GRIEVANCE NUMBER

		d grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, vance System:
1	_	Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2	_	Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3	_	The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4	_	Group grievances are prohibited.
5. <u> </u>	<u> </u>	The grievance was not signed and/or dated.
6	_	Grievances must be legible and presented in a courteous manner.
7	_	The grievance exceeded the two (2) page limit. Description needs to be brief.
8	_	Grievances based upon different events shall be presented separately.
9		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10		You are currently under grievance restriction. You may not file any grievances until Date
11		Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12	_	The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Additio	nal C	Comments:
DD:tls		
cc:	FIL	_E

Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

72/8

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE					
TO: EACILITY GRIEVANCE COORDINATOR	EACH ITV				

TO; FACILITY GRIEVANCE COORDINATOR FACILITY:	DATE:
Sharun Deletto SCI-Ures	HE 06/19/4
FROM: (INMATE NAME & NUMBER) SIGNATURE OF INMA	DE:
WERRICK KANKINE EUD XOULDOMUK K	ankino
WORK ASSIGNMENT: HOUSING ASSIGNM	NT:
B1000/JAY VEILE TEXTLESTED IS AUTINO 9	
INSTRUCTIONS: PET MANENTSE PATATION From C 1 Refer to the DC-ADM 804 for procedures on the inmate grievance system 2. State your grievance in Block A in a brief and understandable manner.	JUSTICK LES BIRNEY
1 Refer to the DC-ADM 804 for procedures on the inmate grievance system	Hendersen and Andersol
3. List in Block B any actions you may have taken to resolve this matter. Be members you have contacted.	sure to include the identity of stan
A. Provide a brief, clear statement of your grievance. Additional paper may	he used maximum two pages
	1
Interplintion floor Filing A Livil &	-HW Sall again
Clostickles and for A DEPARATION Clo Stickles called me A piece of Thursday and Friday June 06/19/ and Thursday and Friday June 06/19/ and	Trum Clastick IEI
CIE DI MECADIFIE OFN	Singer chitain
CIO OTICINES CITIES TO TO TO	OF 110 SUNT TRINGING
Thursday and Francount Dolly and	con a anazornanas
Thursday and Fragy Jane Danish and the to come over the Microphone and the ME. DEXUALLY and physically assault	reptening to kill
To come over med whist Ally assault	me and thus behind
ME: DEXUMILY and Figure 10	CAEC (IN) CONTRANT
ME DEXUMILY and physichily assmit iot of Clostickles AVE Encource	NAME OF
ist of Clostickies HVE Encourse by Le MEIGHEN, Solling Com and So	1 2 1
to soouto today.	200 and the
2,2004 to today. Personal Conference With R Superintendent requested	Cana Inc
Ersonal Commercial	
O - wintendent VEQUESEO	
DUPER MEMORIAL DE	
B. List actions taken and staff you have contacted, before submitting this gri	evance.
Since March 2, 2004, I have repeately of	GI NUMEROUS CONFION
THE PRINTING TO STONE JUL	Lanvisk = Ecia etickies
LES and reguests A bout the Above be	THE OF OF COSTICUTE
Informed Style 1890 1391 Janner and St	TOUGHT FOR
LEPANOLOLO CLOSTICINES and HELELIER	to satisephy and the
CEECEOF PARESSIONAL KESPONSIBILI	14 dalsy intolimed
OF WITCH REPLY ON DELLE SHIFTEN TAK	kson of the Above
Series ariovanas has been received and will be presented in accordance with	DC ADM 804
Your grievance has been received and will be processed in accordance with	DU-ADIVI 004.
	
Signature of Facility Grievance Coordinator	Date

FILED OF PENNSYLVANIA PARTMENT OF CORRECTIONS

FOR OFFICIAL USE ONLY

86993 GRIEVANCE NUMBER

OFFICE OF THE SUPERINTENDENT'S ASSISTANT SCI-GREENE

DATE:

June 18, 2004

SUBJECT:

Grievance Rejection Form

TO:

Mr. Rankin, EU-5850

F Unit, D Pod

FROM:

FILE

DC-15

CC:

Dan wavis

Acting Superintendent's Assistant

The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

ınmat	e Grie	vance System:
1		Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
		 a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures. b. DC-ADM 802-Administrative Custody Procedures. c. Other policies not applicable to DC-ADM 804.
2		Block B must be completed, as per the Instruction #3 of the Official Inmate Grievance Form.
3		The grievance does not indicate that you were personally affected by a Department or facility action or policy.
4		Group grievances are prohibited.
5	X	The grievance was not signed and/or dated.
6		Grievances must be legible and presented in a courteous manner.
7.		The grievance exceeded the two (2) page limit. Description needs to be brief.
8.		Grievances based upon different events shall be presented separately.
9		The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
10.		You are currently under grievance restriction. You may not file any grievances until Date
11.	—	Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
12.		The issue(s) presented on the attached grievance has been reviewed and addressed previously.
Addit	tional C	Comments:
DD:tl	s	

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Part 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. BOX 598

CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE
TO: FACILITY GRIEVANCE COORDINATOR EACILITY: DATE:
Sharon DELETTO SELECTION
FROM: (INMATE NAME & NUMBER) OFRRICK RANGINE EU 5850 Centre Conking
WORK ASSIGNMENT: HOUSING ASSIGNMENT:
<u> </u>
INSTRUCTIONS:
 Refer to the DC-ADM 804 for procedures on the inmate grievance system. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff
members you have contacted. A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.
Today 6/16/04,0 asked do Doyle For Homevances
- La Field All All All All All All All All All A
12 requests to other. Hichshallpa, and Hard Chil
olings and GO Engelhard and Stickles townim
NOT TO AVE ME THESE DUPPLES I INSTERNED WAS
DIVEN LOTIEVANCE LITEQUESTS TO WATE, 2 DICKEM
ONVETT LIBITED FOR THE PARTY OF
olips and 20 Asholips, Ital
This is an endication that your start are abusing
ME in the RHU and they Are trying, to cover ar
these Abuses by denying me the necessary
emplies to document it again would take A
Supplied the supplied to the s
conference with the Superimendern for him
to but notice to these Abunes.
B. List actions taken and staff you have contacted, before submitting this grievance.
Tinformed CO Deals, that I have Gorievance Appens
to Filed to Camphill and three to the Superintendent
and and need the above requests to Pile these
APPENS, WET HE rEJUDED TO GAVE ME THE ABOVESUPPLES
Clarifications and Engelhard then began calling me A
bunch of acornamoru MAMES.
Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date